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NAME: NPF CARE CENTER OF FLORIDA, INC.

AUDIT NUMBER.....H98000021722

DOC TYPE.....FLORIDA NON-PROFIT CORPORATION

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

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**ARTICLES OF INCORPORATION** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NPF CARE CENTER OF FLORIDA, INC**  
(A Non For Profit Corporation)

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

**ARTICLE I**

**Name**

The name of the corporation shall be: **NPF CARE CENTER OF FLORIDA, INC.**

**ARTICLE II**

**Principal place of business and mailing address**

The principal place of business and mailing address of this corporation shall be:

**1501 N.W. 9th Avenue  
Bob Hope Road  
Miami, FL 33136-1494**

**ARTICLE III**

**Purpose(s)**

The specific purpose(s) for which the corporation is organized is (are): **Generally, charitable, scientific and educational. Specifically oriented to:**

- (a) Give comfort and assist Parkinson disease patients and their families.
- (b) To provide education and encourage research in the Parkinson disease field.

**ARTICLE IV**

**Manner of election of directors**

The manner in which the directors are elected or appointed shall be as provided in the By-Laws of the corporation.

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows: Not to engage, other than insubstantially, in activities that do not further an exempt purpose under the Internal Revenue Code and Treasury regulations.

Prepared by: (305) 558-5800  
Harold P. Kravitz, Attorney  
7800 W. 20 Ave. #223  
Hialeah, Florida 33016  
Fla. Bar # 044392

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#### ARTICLE VI

##### Initial registered agent and street address

The name and the street address of the initial registered agent is:

Harold P. Kravitz  
7600 W. 20th Avenue, Suite #223  
Hialeah, Florida 33016

#### ARTICLE VII

##### Officers

The affairs of the association shall be administered by the officers designated in the by-laws. The officers shall be elected by the board of directors of the association at its first meeting following the annual meeting of the members of the association, and shall serve at the pleasure of the board of directors. The by-laws may provide for the removal from office of officers, for filling vacancies, and for the duties of the officers. The names and addresses of the officers who shall serve until their successors are designated by the board of directors are as follows:

Herbert C. Zemel	President	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1494
Nathan Slewett	Vice-President	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964
Harold P. Kravitz	Secretary	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964
Daniel Arty	Treasurer	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964

#### ARTICLE VIII

##### Directors

The names and addresses of the initial directors are as follows:

Herbert C. Zemel	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964
Nathan Slewett	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964
Harold P. Kravitz	1501 N.W. 9 Ave. Bob Hope Rd Miami, FL 33136-1964

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Daniel Arty

1501 N.W. 9 Ave. Bob Hope Rd  
Miami, FL 33136-1964

Martin J. Gelb

1501 N.W. 9 Ave. Bob Hope Rd  
Miami, FL 33136-1964

Robert D. Slewett

1501 N.W. 9 Ave., Bob Hope Rd  
Miami, FL 33136-1964

**ARTICLE IX  
Incorporators**

The name and the street address of the incorporator for these articles of incorporation is:

**HAROLD P. KRAVITZ  
7600 W. 20th Ave. #223  
Hialeah, Florida 33016**

The undersigned incorporator has executed these Articles of Incorporation this 18<sup>th</sup> day of November, 1998.

BY: 

**HAROLD P. KRAVITZ  
INCORPORATOR**

STATE OF FLORIDA     )  
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of Nov, 1998, **HAROLD P. KRAVITZ**, who has executed the foregoing instrument and produced identification Personally Known and who did take an oath.

My commission expires:

  
**NOTARY PUBLIC**



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# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

NPF CARE CENTER OF FLORIDA, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

HAROLD P. KRAVITZ  
(Name)

7600 W. 20TH AVE. #223.

HIALEAH, FL 33016  
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Harold P. Kravitz

11/18/98.  
(Date)

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